Summary Report

Regional workshop on Strengthening Telemedicine Implementation in the WHO South-East Asia Region (7—9 February 2023, New Delhi, India)

Background

Telemedicine services can facilitate the delivery of quality and cost-effective healthcare to all, especially among underserved communities and those living in remote and hard to reach areas. It unequivocally contributes to achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs) 2030.

The COVID-19 pandemic further amplified the significance of telemedicine for health systems strengthening. The pandemic exerted significant pressure on health systems and service delivery, revealing gaps and weakness in countries across the globe. Digital tools such as telemedicine supported the overwhelmed health systems by not only strengthening responses but also ensuring continuity of quality care.

However, telemedicine services need to be trusted and supported with adequate regulatory and legal frameworks for their institutionalization. The workshop provided opportunities for Member States to deep dive into established WHO consolidated telemedicine implementation guidelines, discuss best practices and lessons learned to help countries facilitate meaningful and sustainable use of telemedicine and provide a pathway for integrating telemedicine as part of routine health service delivery.

Workshop objectives

- To assess current implementations of telemedicine technologies and results in SEAR member states and to share lessons learnt especially during the COVID-19 pandemic response.
- To identify gaps, challenges, and opportunities in telemedicine that hinder/facilitate progress towards UHC.
- To outline country specific’ road maps or action plans aimed at strengthening telemedicine, as a strategic, technical and operational support from WHO and partners to SEAR Member States.

Day 1: Setting the scene

Country delegates from Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, and Timor-Leste were joined by representatives from WHO, Asia eHealth Information Network (AeHIN), the International Telecommunication Union (ITU), the World Trade Organization (WTO), the University of Geneva WHO Collaborating Centre, The Asia Foundation, The George Institute of Global Health, and TATA memorial center. Plenary I provided opening remarks by Dr Thaksaphon Thamarangsi, Coordinator-Integrated Health Services, WHO SEARO who welcomed all the participants to this important workshop and emphasized the need to share lessons learned, successes and challenges in strengthening telemedicine implementation. Dr Edwin C. Salvador, Regional Emergency Director delivered opening remarks on behalf of Dr Poonam Khetrapal Singh, Regional Director, WHO SEARO, where he stressed the need for sustainable telemedicine implementation through: i) the adoption of adequate and cohesive digital infrastructure and ecosystems; ii) strengthened multisectoral and multi-stakeholder engagement to coordinate resources and investments; iii) comprehensive and strong national digital health strategies; iv) comprehensive regulatory systems that enable rapid, safe and standardized adoption and roll-out of digital technologies; and v) increased awareness around the importance of telemedicine implementation among policy makers, health workers and the public. This was followed by opening remarks from Dr Roderico Ofrin, WHO Representative for India who emphasized the importance of telemedicine services in enabling equitable access to health services by taking health services to hard-to-reach populations. Health Secretary, Ministry of Health and Family Welfare, Mr. Rajesh Bhushan took the audience through the subtle progression from telehealth to telemedicine to teleconsultations with a detailed background of India’s e-sanjeevani journey highlighting challenges, and successes of the telemedicine platform which served at that point of time more than 90,000,000 patients and allowing delivery of quality health services in rural areas, and accelerating progress towards UHC. By video recording, Professor Alain Labrque, Director DHI, WHO HQ showcased the increased use of telehealth services since the COVID-19 pandemic and rise in demand for virtual care visits to be a standard part of care regimen. He further stressed that to truly achieve digital health transformation countries need: i) strong digital health policies that foster public trust; ii) a national DH strategy that puts government as the main driver of change; iii) stringent architecture that sets standards and interoperability and allows innovation of digital solutions; and iv) competency-based training programs to enable health workers to engage in the digital space with confidence to deliver quality health services.
Day 1: Telemedicine services for COVID-19 and beyond

In plenary II, a detailed overview of the global strategy on digital health (2020-2025) was provided to converge focus on digital technologies as a key enabler for effective, resilient, and accessible health system. The four pillars of the global strategy were discussed and presented: i) to promote global collaboration and advance the transfer of knowledge on digital health; ii) to advance the implementation of national digital health strategies; iii) to strengthen governance for digital health at global, regional, and national levels; and iv) to advocate people-centered health systems that are enabled by digital health. This was followed by technical presentations from WHO telemedicine partners: The International Telecommunication Union (with focus on implementing and scaling e-health solutions through i) improved connectivity and enabled infrastructure ii) partnership and stakeholder engagement and iii) research, knowledge exchange and best practices), WHO Collaborating Center-University of Geneva (with focus on global digital hub and how it supports digital transformation of global health towards more impact and sustainability), and The World Trade organization (with focus on leveraging trade in services to develop telehealth). Plenary II raised important discussions on the regulatory aspect of telemedicine and the need for digital regulatory practices to improve transparency and facilitate administrative procedures as well as supports cross-border data flow ensure personal health data and privacy frameworks without unduly restricting trade.

Plenary III provided regional overview on the stage of digital health development in the SE Asia Region with focus on telemedicine, highlighting how telemedicine can offer practical applications to address some of the key challenges facing the health sector in the SE Asia Region. It showcased how countries in the SE Asia Region leveraged telemedicine technology during the pandemic and are well on their initiatives for scaling it up beyond the pandemic response activities. Common messages drawn from the country experiences highlighted what are the critical needs for the sustainable adoption of telemedicine services such as strong regulatory frameworks, capacity building for the workforce and established data security and standards to fully enjoy the benefit of the technology as an enabler to health system strengthening and achieving UHC.

During plenary IV session, an overview of the WHO digital implementation investment guide (DIIG) and WHO telemedicine working portal (knowledge sharing platform) were provided. Additionally, it was stated that WHO is also developing guidance on telehealth in cross border settings and strategic purchasing of telemedicine services which will provide guidance and standards for sustainable adoption of telemedicine in countries. Plenary V discussions underscored telemedicine as a promising tool to address many challenges to the primary health care (PHC) delivery system which are related to accessibility, accountability, cost, quality, information exchange, and utilization of services. Countries shared experience in use of telemedicine for delivery of PHC to reduce access to inequity, reduce congestion in hospital and

Day 2: Overview of WHO standards and guidelines related to telemedicine

Day 2 began with plenary VI which provided overview on WHO standards and guidelines on telemedicine: Overview of WHO-ITU global standard for accessibility of telehealth services and WHO Consolidated telemedicine implementation guide. The WHO-ITU global standards for accessibility of telehealth services is a joint developed global standard that provides a list of technical requirements that telehealth platforms should have to enable accessible telehealth services, and consolidated telemedicine guide provides an overview of key steps and considerations for implementing telemedicine and optimizing its benefits and impact. The plenary session culminated into group work to provide each county an opportunity to deep dive into the telemedicine implementation guide and to assess in which step of the telemedicine implementation guide they find their country progress, where they want to be next and what is needed to achieve that.

Plenary VIII showcased telemedicine use across different programmatic areas, namely, reproductive, maternal and child health, mental health, non-communicable disease-virtual tumor board, and RAFT network in Nepal. The key message was that telemedicine implementation is viable across all programs for service delivery and can be a powerful complementary tool towards effective service delivery. In Plenary IX panel, participating countries discussed the sustainable adoption of telemedicine in national digital health plan strategies, stipulating that telemedicine interventions should not exist in isolation and rather countries should integrate it as part of a comprehensive digital health strategy that includes investments in the data and digital infrastructure such as electronic health records, e-prescriptions and linkages to diagnostic information systems and citizen engagement interfaces.
**Day 3: Country Roadmaps and future actions for strengthening telemedicine**

Day 3 began with **plenary X**, technical discussion on use of AI in telemedicine. AI system is a **machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations, or decisions influencing real or virtual environments**. The session provided overview on potential of AI to accelerate health SDG 3 “Good Health and Well Being” such as adapting chemotherapy/radiotherapy dosing to individual needs, and emerging use of AI such as AI for thermal screening. To enable ethical use of AI and appropriate implementation for health, WHO in June 2021 released a **WHO Guidance on Ethics and Governance of AI for health**. The guidance provides legal, regulatory, and non-legal measure for ethical use for AI and identifies areas of governance that could resolve the identified ethical challenges and integrate six consensus principles. WHO is providing support to countries on AI implementation through online courses and Regional workshops on **ethics and governance of AI for health**.

**Plenary XI** on Market analysis for telemedicine provided an overview on how to strategically develop, implement and purchase telemedicine services. The session defined the meaning of strategic purchasing and discussed key policy instruments for purchasing and questions to explore. Countries are encouraged to progress towards strategic purchasing as it can contribute to distributing resources more equitable, leading to efficiency gains, managing expenditure growth, and improving quality. If purchasing arrangements are conducted strategically, it can influence: i) the type and volume of delivered services; ii) the performance of health service providers; iii) the utilization of health services; and iv) the alignment of health service provisions with population health needs.

**Plenary XII** presented findings from The George Institute and WHO on telehealth **REACH study in SE Asia Region Countries**. The study was conducted to assess telehealth uptake in routine health services, impact of telehealth on health services, and enablers/barriers in implementation of telehealth interventions. The findings from study indicated that rapid uptake in teleconsultation during the pandemics has reduced resistance to telehealth adoption. Further, telehealth solutions increased health service delivery such as improved access to medicine, online capacity building of health workers and remote diagnosis. **The key message was that as telehealth adoption increases, an enabling regulatory landscape will be necessary to mainstream telehealth as a health service delivery component.** Additionally, strong and comprehensive data governance framework including adoption of privacy will be important to build trust and confidence of stakeholder.

**Plenary XIII**, through a group work session, allowed countries to delve into drafting country roadmap and future actions. The country group work enabled discussion to produce recommendation for feasible solution/action points in telemedicine towards strengthening: i) Governance/Regulatory; ii) Financing; and iii) Political commitment.

**Some common action points outlined were requests to WHO:** i) to develop minimum standards for devices and for maintaining data quality, ii) to provide technical assistance for integrating standards and terminology services; iii) to advocate and to steer the political drive towards adoption of telehealth solutions; and iv) to create a coordination body for international telehealth collaboration.

**Day 3: Closing remarks and future directives**

The Regional workshop concluded with closing remarks from Mr. Manoj Jhalani, Director Health System, Department of UHC/Health systems, WHO Regional office for South-East Asia. He acknowledged and highlighted importance of countries shared experiences, successes, challenges, and opportunities in the implementation of telemedicine services in the SE Asia Region. He emphasized that SEARO remains committed to support each country to sustain and to steady its progress with the implementation of telemedicine and digital technologies through a consolidated and integrated business process operational model and **that continuing to develop digital (and telemedicine) solutions without a common architecture of business processes impedes progress and aggravates digital fragmentation**. The closing remarks concluded with the vote of thanks and highlighting WHO commitment to support countries in building partnerships and call for investments to develop clear, actionable strategies that harness digital health, and telemedicine implementation to fast-track progress towards achieving national health priorities, UHC, the other health-related SDGs.
Leveraging telemedicine for efficient delivery of primary health care: Telemedicine has the potential to address many operational challenges at the PHC level. It holds promising opportunities to strengthen health systems through capacity building of health workforce, enhancing competencies, facilitating early referrals and ensuring continuum of care.

Use of AI for health: Countries expressed strong interest in the responsible use of Artificial Intelligence for health. AI has huge potential in health sector, and its use in health is emerging through AI-based clinical decision support systems, measurement of clinical outcomes, and adherence to evidence-based interventions.

Key country commitments expressed in the Regional workshop

- **Building capacities**: A strong will (short- and medium-term) to strengthen country capacities in the implementation and use of telemedicine interventions.
- **Unlocking full potential of telemedicine**: by developing a complete and common eco-system with appropriate business model to leverage the full potential of telemedicine and other digital health solutions.
- **Strengthening data governance**: via digital architecture, data privacy, interoperability standards that enhance the integration of telemedicine in countries digital health strategies and action plans.
- **Strengthening legal and regulatory frameworks**: which requires coordination among various entities and organizations that manage health resources (inside and outside the health sector).
- **Integrating telemedicine in countries’ digital health strategies, plans and policies**: in a manner that ensures a sustainable adoption and optimal scale up of telemedicine interventions.

“Telemedicine interventions should be integrated as a part of a comprehensive digital health strategy that includes investments into data and digital infrastructure such as electronic health records, e-prescriptions and linkages to diagnostic information systems and citizen engagement interfaces.”

Country Presentations